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## BIB DATA SHEET

CONFIRMATION NO. 8129

SERIAL NUMBER	FILING or 371(c) DATE RULE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
10/656,630		606	3736	1001.1674101

## APPLICANTS

David J. Parins, Corcoran, MN;

## \*\* CONTINUING DATA \*\*\*\*\*

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

## \*\* IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*

11/25/2003

Foreign Priority claimed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119(a-d) conditions met	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		MN	1	46	5

## ACKNOWLEDGMENT

Verifier and /JEFFREY GERBEN

HOEKSTRA/  
Examiner's Signature

Initials

Acknowledged

## ADDRESS

CROMPTON, SEAGER & TUFTE, LLC  
 1221 NICOLLET AVENUE  
 SUITE 800  
 MINNEAPOLIS, MN 55403-2420  
 UNITED STATES

## TITLE

Medical device coil

FILING FEE RECEIVED 2436	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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